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WAYNE GORDON AKA. DULYKE HAYES ARE-765  
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DUBLIN, CA. 94568

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AUG 18 7/008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

CLERK OFFICE, UNITE STATES  
NORTHERN DISTRICT OF  
450 GOLDEN GATE  
SAN FRANCISCO, CA.

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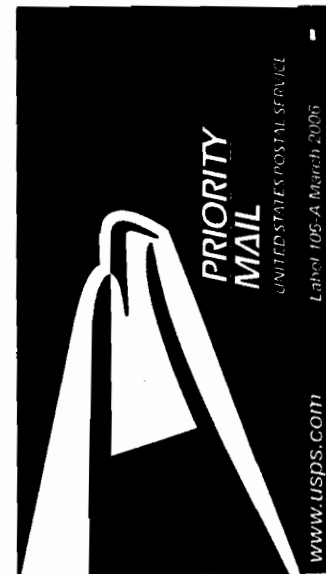
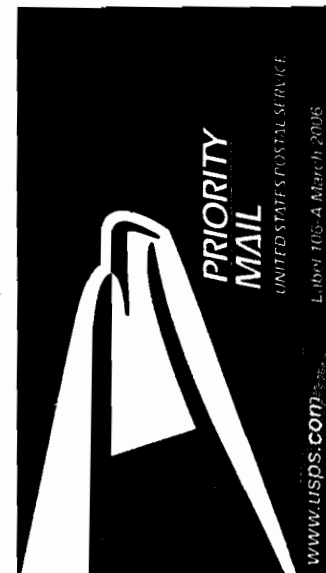
CLERK OFFICE, UNITED STATES DISTRICT COURT FOR  
NORTHERN DISTRICT OF CALIFORNIA,  
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SAN FRANCISCO, CA. 94102

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AUG 18 2008

RICHARD W. WIEKING  
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NORTHERN DISTRICT OF CALIFORNIA

CLERK OFFICE, UNITED STATES DISTRICT COURT FOR  
NORTHERN DISTRICT OF CALIFORNIA,  
450 GOLDEN GATE AVE. 16th FLOOR,  
SAN FRANCISCO, CA. 94102



FILED  
AUG 19 2008RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

WAYNE GORDON, AKA-DWAYNE HAYES, ARE-765

Name and Address

5325 BRADLEY BLVD.

DUBLIN, CA. 94568

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIAWAYNE GORDON,  
AKA-DWAYNE HAYES,

CV

08

Case No.

3964

TEH

(PR)

Plaintiff / Petitioner

Document Name:

VS.

42 U.S.C.A. § 1983

GREGORY J. AHERN, SHERIFF  
DR. MR. ORR, AND DEPUTY D. KYES  
PHYSICIAN ASSISTANT-MR. VILA,

Defendant / Respondent

DEMAND FOR JURY TRIAL

ALAMEDA COUNTY SHERIFF'S JAIL.

1. JURISDICTION. THIS COURT HAS JURISDICTION OVER THIS COMPLAINT BECAUSE IT ARISE UNDER 42 U.S.C.A. § 1983 LAW OF THE UNITED STATE.

2. VENUE. VENUE IS APPROPRIATE IN THIS COURT BECAUSE ALL OF THE DEFENDANT RESIDE IN THIS DISTRICT, AND A SUBSTANTIAL AMOUNT OF THE ACTS AND OMISSIONS GIVING RISE TO THIS LAWSUIT OCCURRED IN THIS DISTRICT.

3. INTRADISTRICT ASSIGNMENT. THIS LAWSUIT SHOULD BE ASSIGNED TO THE SAN FRANCISCO DIVISION OF THIS COURT BECAUSE A SUBSTANTIAL PART OF THE EVENTS OR OMISSION WHICH GIVE RISE TO THIS LAWSUIT OCCURRED IN ALAMEDA COUNTY.

4. PLAINTIFF / PETITIONER WAYNE GORDON, AKA-DWAYNE HAYES IS A INMATE THEREAT ALAMEDA COUNTY SHERIFF'S JAIL, "SANTA RITA JAIL". ON THE OTHER HAND, DEFENDANT GREGORY J. AHERN, SHERIFF, DR. MR. ORR, MEDICAL ADMINISTRATOR,

008-3964-7347

1 DEPUTY SHERIFF, D. KYES AND PHYSICIAN ASSISTANT MR.  
2 VILA, ALL EMPLOYED BY ALAMEDA COUNTY SHERIFF'S OFFICE.

3  
4 5. PROSE COMPLAINT AGAINST VARIOUS JAIL OFFICIALS  
5 UNDER CIVIL RIGHT STATUTE FOR FAILURE TO PROVIDE  
6 ADEQUATE MEDICAL CARE, WHILE DELIBERATE INDIFFER-  
7 ENCE TO INMATE HEALTH AND SERIOUS INJURIES CON-  
8 STITUTES CRUEL AND UNUSUAL PUNISHMENT IN  
9 VIOLATION OF EIGHTH AMENDMENT.

10  
11 6. CLAIM/COUNT 1.

12 DEFENDANT, GREGORY J. AHERN, IS THE OFFICIAL SUPER-  
13 VISORY OF ALAMEDA COUNTY "SANTA RITA JAIL," WHO HAVE  
14 A STATUTORY DUTY TO SUPERVISE EMPLOYEES DEPUTY  
15 SHERIFF'S AND MEDICAL DEPARTMENT, ALSO, CONDITIONS  
16 OF CONFINEMENT TO PREVENT HARM TO INMATES. SHERIFF  
17 AHERN, IS LIABLE UNDER CONSTITUTIONAL VIOLATION WHEN  
18 A INMATE CAN SHOW THAT HE WAS HARMED, OBVIOUS  
19 INADEQUACY RESULTING VIOLATIONS OF CONSTITUTIONAL  
20 RIGHT THAT THE POLICY-MAKER SHERIFF AHERN, CAN REA-  
21 SONABLY BE SAID TO HAVE BEEN DELIBERATELY INDI-  
22 FFERENT FOR THE NEED TO TRAIN EMPLOYEES THIS  
23 FAILURE REFLECTS ACTION, VIOLATION U.S.C.A. CONST.  
24 EIGHTH.

25 DEFENDANT, D. KYES, DEPUTY, IS LIABLE UNDER CONSTI-  
26 TUTIONAL VIOLATION WHENEVER OFFICIALS PERFORM DIS-  
27 CRIMINARY FUNCTIONS WHICH WOULD INJURY OR IMPAIR  
28 THE HEALTH OF INMATE. VIOLATION U.S.C.A. CONST. EIGHTH.

COMPLAINT



1 CLAIM/COUNT 2<sup>nd</sup> Defendant, Medical Administrator, DR.  
 2 MR. ORR, DELIBERATE INDIFFERENCE TO A SUBSTANTIAL  
 3 RISK OF SERIOUS HARM. DR. ORR, WAS AWARE OF  
 4 THE FACTS FROM WHICH THE INFERENCE BE DRAWN  
 5 THAT A SUBSTANTIAL RISK OF SERIOUS HARM EXIST,  
 6 IN LIKE MANNER. MEDICAL X-RAY SERVICES "PACIFIC  
 7 IMAGING CONSULTANT" PROVIDE CLEARVIEW MEDICAL  
 8 FINDING OF INMATE DWAYNE HAYES RIGHT KNEE,  
 9 ADDRESS IN DETAILS TO DR. ORR, FROM RADIOLOGIST.  
 10 [SEE EXHIBIT L.] AND IN ADDITION INMATE DWAYNE  
 11 HAYES WAS AUTHORIZED TO HAVE A WHEEL-CHAIR BY A  
 12 DR. MR. PARSONS [SEE EXHIBIT M.] Similarly,  
 13 AUTHORIZED FOR WHEEL-CHAIR BY A DR. MISS MOODY  
 14 [SEE EXHIBIT E.] DR. ORR OFFICIALLY KNOWS OF  
 15 INMATE HAYES MEDICAL CONDITION AND DISREGARDS  
 16 AN EXCESSIVE RISK TO INMATE HEALTH AND SAFETY. AND  
 17 IN ADDITION DR. ORR, MEDICAL ADMINISTRATOR, DELIBERATE  
 18 CONSCIOUSLY FAILURE TO SUPERVISE PHYSICIAN ASSISTANT  
 19 MR. VILA CONDUCT UPON "WANTON" EXPOSED TO  
 20 INMATE HAYES. THE SUPERVISORS CAN BE FOUND  
 21 IN VIOLATIONS OF U.S.C.A. CONST. AMEND 8.  
 22

### 23 CLAIM/COUNT 3.

24 PHYSICIAN ASSISTANT MR. VILA "DELIBERATE  
 25 INDIFFERENCE" TO A INMATE SERIOUS INJURIES, AND  
 26 THAT PHYSICIAN ASSISTANT HAD A "SUFFICIENTLY  
 27 CULPABLE STATE OF MIND" IN DENYING THE PROPER  
 28 MEDICAL CARE IS SUBJECTIVE AN ACTIONABLE 8. AMEND VIOLATION.

COMPLAINT

9.

## PRAYER RELIEF

WAYNE GORDON WISHES MONEY DAMAGE  
COMPENSATE FROM ALAMEDA COUNTY OFFICIALS  
WHO HAVE VIOLATE HIS RIGHT. THE COMPENSATE  
IS HONORABLE BECAUSE THE INJURIES I  
SUSTAIN. \$95,000.00. PRAYING 85% OF THE  
COMPENSATE MONEY BE DONATE. 30% IN  
MEMORY OF JOHN HAYES A WAR VETERAN OF  
UNITED STATE. 55% IN MEMORY OF WAYNE  
GORDON JR. TO THREE (3) FAMILY GIRLS FOR  
SCHOOL SHIP. REMAINDER MONEY TO PLAINTIFF.

PRAYING HOPEFULLY

I SUBMITX TO YOU #

Wayne Gordon  
SIGN. <sup>AKA</sup> Wayne Gordon

COMPLAINX

**COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983**

Name GORDON LLWAYNE AKA DWAYNE HAYES  
(Last) (First) (Initial)

Prisoner Number ARE-765

Institutional Address 5325 BRODER BLVD, DUBLIN, CA. 94568

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

LLWAYNE GORDON AKA DWAYNE HAYES  
(Enter the full name of plaintiff in this action.)

vs.

Case No. \_\_\_\_\_  
(To be provided by the Clerk of Court)

GREGORY J. AHERN # SHERIFF  
D. HYES # DEPUTY  
DR. MR. ORR #  
MR. VILA #  
(Enter the full name of the defendant(s) in this action.)

**COMPLAINT UNDER THE  
CIVIL RIGHTS ACT,  
Title 42 U.S.C § 1983**

**[All questions on this complaint form must be answered in order for your action to proceed..]**

**I. Exhaustion of Administrative Remedies.**

**[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]**

A. Place of present confinement ALAMEDA COUNTY "SANTA RITA JAIL"

B. Is there a grievance procedure in this institution?

YES ☒ NO ( )

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ( )

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

COMPLAINT

- 1 -



1. Informal appeal JULY 5, 2008 REMOVAL MEDICAL TRANSITION TRACKING NUMBER # D86-S1083 INFORMAL GRIEVANCE DISCUSS WITH UNIT #1 DEPUTY NOT RESOLVED. EXHIBIT A

2. First formal level JULY 23, 2008 TRACKING NUMBER # D86-S1083, INVESTIGATING SUPERVISOR SGT. M. MALLON, DENIED. EXHIBIT B

3. Second formal level JULY 28, APPEAL OFFICER; AGREE WITH THE DENIED EXHIBIT B

4. Third formal level JULY 29, 2008 COMMANDING OFFICE AGREE WITH ALL GRIEVANCE UNIT FINDINGS. SEE EXHIBIT A. & B. #

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ( )

F. If you did not present your claim for review through the grievance procedure, explain why. N/A

## II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

PLAINTIFF "LWAYNE GORDON AKA DWAYNE HAYES ARE-723  
5325 BRADY BLVD.  
DUBLIN, CA. 94568

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

GREGORY J. AHERN, SHERIFF OF ALAMEDA COUNTY JAIL.

1 D. KYES, DEPUTY SHERIFF.

2 DR. MR. DOR, MEDICAL ADMINISTRATOR, ALAMEDA COUNTY "SANTA RITA HILL"

3 MR. VILA, PHYSICIAN ASSISTANT "SANTA RITA HILL"

4  
5 **III. STATEMENT OF CLAIM.**

6 STATE HERE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR  
7 OF YOUR CASE.

8  
9 CLAIM/COUNT 1.

10 JULY 5, 08. DEPUTY D. KYES REMOVE  
11 INMATE HAYES MEDICAL WHEEL-CHAIR, IN LIKE MANNER  
12 WITHOUT MEDICAL OFFICIAL PRESENT. DEPUTY D. KYES  
13 MENTAL STATE HAD NO REASONABLE UNDERSTANDING  
14 WHEN INMATE HAYES TRY TO EXPLAIN HIS MEDICAL  
15 CONDITION, WHEN REAS, TO IMPAIRING HIS HEALTH.  
16 MOREOVER; DEPUTY D. KYES INFORM INMATE HAYES MED-  
17 ICAL OFFICIAL GIVE ORDERS FOR HIM TO REMOVE THE  
18 INMATE WHEEL-CHAIR ☐ SEE EXHIBIT B. ☐ DEPUTY D. KYES  
19 COURSE OF ACTION RESULTED TO INMATE HAYES SUSTAIN  
20 INJURIES FROM FALLING WITHOUT MEDICAL WHEEL-CHAIR  
21 ☐ SEE EXHIBIT C. ☐

22 "SEE ATTACHED SHEET"

23 **IV. RELIEF.**

24 YOUR COMPLAINT CANNOT GO FORWARD UNLESS YOU  
25 REQUEST SPECIFIC RELIEF.

26 WAYNE GORDON WISHES MONEY DAMAGE COMPENSATION  
27 FROM ALAMEDA COUNTY OFFICIALS WHO HAVE VIOLATE  
28 HIS RIGHT, THE COMPENSATION IS HONORABLE BECAUSE

COMPLAINT

1 JULY 7.08 DR. MISS MACAY CONDUCTED PHYSICAL  
 2 EXAM AND INMATE HAYES INJURIES SUSTAIN FROM  
 3 BEING WITHIN HIS WHEEL-CHAIR. DR. MISS MACAY  
 4 PRESCRIBED ANTI-FLAMMATORY MEDICATION TO  
 5 DECREASE SWELLING, JOINT PAIN. PRESCRIBED VICO-  
 6 DIN FOR RIGHT SHOULDER. DEPUTY WILES PROVIDED  
 7 FIRST AID ASSISTANT BANDAGE TO STOP THE BLEEDING  
 8 TO INMATE LEFT HAND. III SEE EXHIBIT.C. EXHIBIT.D. III  
 9 DR. MISS MACAY INQUIRE INTO INMATE HAYES MEDICAL  
 10 FILE BECAME AWARE OF NO MEDICAL AUTHORIZATION  
 11 GIVING ORDERS TO DEPUTY D. WILES TO REMOVE  
 12 INMATE HAYES WHEEL-CHAIR. DR. MISS MACAY AUTH-  
 13 ORIZE REMOVE BACK WHEEL-CHAIR, AND IN ADDITION  
 14 AUTHORIZED A ONE YEAR MEDICAL CHARGE FOR INMATE  
 15 HAYES III SEE EXHIBIT.E. III

## CLAIM/COMPLAINT 2.

18 JULY, 10.08 MEDICAL ADMINISTR-  
 19 ER, DR. MR. ORR REMOVE INMATE HAYES WHEEL-CHAIR,  
 20 IN CONTRAST TO DR. MISS MACAY JULY, 7.08. DR. MR.  
 21 ORR, JUSTIFY TO REMOVE THE WHEEL-CHAIR BECAUSE  
 22 DEPUTY INFORM HIM INMATE HAYES WAS WITNESS  
 23 DOING EXERCISE IN HIS CELL. III SEE EXHIBIT.F. DR. MR.  
 24 ORR, MEDICAL REPORT III

26 JULY, 11.08 WEARING ONLY ALLOW  
 27 SHOULDER SLIPPER AND RIGHT LEG KNEE BRACE, AWKWARDLY  
 28 PLANTED LEFT LEG FOOT ON THE GROUND SURFACE INJURY

C SEE ATTACH SHEET 3B

COMPLAINT

ATTACH-3.A.

1 LEFT ANKLE.

2 CLAIM/COUNT 3.

3 JULY 14.08. PHYSICIAN ASSISTANT MR. VILA  
4 DECLINE TO EXAM IN MAKE HAYES LEFT FOOT  
5 ANKLE.  
6

7  
8 JULY 14.08 I NOTIFY UNIT 1# NIGHT STAFF  
9 DEPUTY I WAS HURTING WHEN I STAND AND IN  
10 ADDITION I NOTIFY THE DEPUTY MEDICAL PHYSICIAN  
11 ASSISTANT MR. VILA DECLINE TO EVALUATE MY LEFT  
12 ANKLE. ON THE OTHER HAND I REQUESTED THE  
13 DEPUTY TO TAKE HOW SWELLING UP MY LEFT  
14 ANKLE HAD GOTTEN IN THE PAST 3 DAYS. SEE EXHIBIT  
15 G. III

16 JULY 17.08 I HANDED A MESSAGE REQUEST  
17 TO NURSE, MIS. PADU RESPECTFULLY REQUESTING MY MEDI-  
18 CATION TO CONTINUE ISSUE BY DR. MIS MEDDY.  
19 SEE EXHIBIT. I. IN MAKE COPY OF REQUEST. III

20 JULY 18.08 NURSE MIS PADU INFORM ME  
21 PHYSICIAN ASSISTANT MR. VILA DECLINE MY MEDICAT-  
22 ION REQUEST FOR CONTINUE.

23  
24 JULY 25.08 PHYSICIAN ASSISTANT, MR. VILA  
25 AUTHORIZE MEDICATION WITHOUT PHYSICALLY EVALUATE  
26 ME IN HIS PRESENTS. SEE EXHIBIT. H. III

27  
28 JULY 29.08 PHYSICIAN ASSISTANT MR. VILA  
C SEE ATTACH SHEET 3, C.  
COMPLAIN.

ATTACH-3, B.



DECLINE TO AUTHORIZE INMATE HAYES A SHOE CHRONO-  
 PHYSICIAN ASSISTANT, MR. VILA WAS AWARE INMATE  
 HAYES HAD RIGHT LEG KNEE BRACE ON AT ALL TIMES,  
 AND IN ADDITION TO A LEFT ANKLE INJURY.

JULY 30, 08 INMATE HAYES FEELING THE EFFECT  
 OF HEAD ACHES PAIN EVERYTIME I TAKE THIS NEW  
 MEDICATION, PHYSICIAN ASSISTANT, MR. VILA AUTHO-  
 RIZE. I BECAME AWARE OF THE SIDE EFFECT OF THIS  
 MEDICATION (MIL BACKLAFIN), WHEREAS, I WROTE  
 A INMATE REQUEST FOR MEDICAL UNIT # NURSE  
 TO STOP GIVING IT TO ME. (SEE EXHIBIT. J.)

7/30/08 PHYSICIAN ASSISTANT, MR. VILA, DISCONTINUE  
 MEDICATION BACKLAFIN SEE EXHIBIT. H. 1#

AUG 2, 08 I ADVISE PHYSICIAN ASSISTANT  
 MR. VILA, I'D PULL MY LEFT LEG MUSCULAR "HAMSTRING"  
 PLEASE HELP ME RECEIVE MEDICAL SHOES. PHYSICIAN  
 ASSISTANT, DECLINE THE REQUEST, AND IN  
 ADDITION AUTHORIZE THE SAME MEDICATION  
 BACKLAFIN FOR PAIN. SEE EXHIBIT. K. THE GRIEVANCE  
 OF PRISON PHYSICIAN ASSISTANT AUTHORIZE MEDICATION  
 HE KNEW I HAD SIDE EFFECT TO. #

### SUPPORTING FACTS:

INMATE DWAYNE HAYES TRY ASKING  
 FOR COMMON GROUND FROM SANTA RITA SHERIFF OFFICE. HOWEVER;  
 DID NOT RECEIVE NO HELP. (SEE EXHIBIT. N.)

INMATE DWAYNE HAYES TRY ASKING  
 (SEE ATTACH SHEET 3.D.)

COMPLAINT

ATTACH-3.C.



1 MEDICAL AUTHORITY FOR HELP, BECAUSE I WAS  
2 WITHOUT SHAR'S AND PHYSICIAN'S ASSISTANT  
3 MR. VILA HAD NO CONCERN FOR MY HEALTH.  
4 I DID NOT RECEIVE NO RESPONSE FOR  
5 HELP. [SEE EXHIBIT.O.]  
6

7 I DECLARE UNDER PENALTY OF  
8 PERJURY MY REASONING FOR HELP AT  
9 SANKA BIKANAIL WAS NOT SERIOUS  
10 TO THE OFFICIAL STAFF.  
11

12   
13  
14  
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16  
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21  
22  
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25  
26  
27  
28

COMPLAINANT

ATTACH-3,D.

1 THE INJURIES I SUSTAIN. 95.000.00. PRAYING 85%  
2 OF THE COMPENSATE MONEY BE DONATE. 30% IN  
3 MEMORY OF JOHN HAYES TO WAR VETERAN. 55% IN  
4 IN MEMORY OF WAYNE GORDON JR. THREE FAMILY GIRLS FOR SCHOOL.  
5 I declare under penalty of perjury that the foregoing is true and correct. REMAINDER MONEY TO PLAINTIFF.

6  
7 Signed this 11 day of AUG, 2008

8  
9 Wayne Gordon AKA Duane Hayes  
10 (Plaintiff's signature)

04-41-05

**CLEARVIEW**  
**MEDICAL X-RAY SERVICES**  
**X-RAY RESULTS**

X-RAY RESULTS ARE BASED UPON THE RADIOGRAPHIC EXAMINATION.  
CORRELATION WITH CLINICAL EXAMINATIONS IS ESSENTIAL

PHS  
Santa Rita Jail  
5324 Border Blvd  
Dublin, Ca 94568

→ Attn. Dr. Orr / M. Campos / H. Campos / K. Malone / S. Shefayee / Mastroianni / Adams/  
G. Wilson/ Chen. / Pajong

Ordering Physician: Pajong

**Patient Name: HAYES, DWAYNE**

**Identification: ARE765**

**Date of Birth: 8-16-68**

**Facility: Santa Rita Jail**

**Housing Unit: 1 F8**

**Exam Date: 08-10-07**

**Medical History:** 39 y.o. male h/o gsw R knee w/ bullet still lodged.

**X-Ray Type:** Portable: Right Knee 2V

**Findings and Impressions: Right Knee Exam:** Positive for shrapnel / metallic fragments in medial knee, osteochondral defect of medial femoral condyle degenerative changes, no effusion seen.

**Radiologist: M. Martinucci M.D./tg(08-10-07)**

Pacific Imaging Consultants  
418 30th Street  
Oakland, Ca 9460

Harold Orr, MD

\*CORRELATION WITH CLINICAL EXAMINATIONS IS ESSENTIAL

Pacific Imaging Consultants  
418 30th Street Oakland, Ca 94609

EXHIBIT.L.

HOUSING UNIT:

DATE:

Today A.V. 2 2018 I was seen by physician A. rita  
Mr. Vila he wanted a blood sample with his molecular medicine  
physician, he wanted medication HE SAID I CAN'T TAKE.  
And in addition she in my last blood work. Showing  
some white blood count on the other hand physician  
Mr. Vila is saying I can't take a acetaminophen I must if  
discontinue that some medication when I want a minimize  
letting him to see the effect what continues are then back  
pain back why? A. 2018.

CONVINCE PEOPLE WHO ARE AFRAID OF  
MY MANS/ CONVINCE IMMEDIATE RELATIVES FOR HELP  
MEDICALLY! MUST GIVE YOU AFFIRMATIVE LINK INVESTIGATION  
THE LINK?

Handwritten: Can I please see a fair doctor that  
all I ask that not want other  
cancer plate in this unit all the time #

INMATE SIGNATURE:

\*\*\* DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

DATE: 08/09/08

☒ CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP- 01

TRACKING NUMBER: 08G-S1292

EXHIBIT. H.

ML-51 (rev 8/06)

# ALAMEDA COUNTY SHERIFF'S OFFICE

## DETENTIONS AND CORRECTIONS DIVISION

SRJ UNIT # 1

GDJ FLOOR#

POD/CELL # FAC

RETURN TO INMATE

### MESSAGE REQUEST

DATE: July 21, 2008  
June 9:15 Medical Unit #1 Nurse

( ) BOOKING ( ) COMMISSARY ( ) INMATE SERVICES ( ) CLASSIFICATION ( ) OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PRINT ONLY!!!

PERSON TO CONTACT: Housin Bepko to, Housin Nurse #  
The Medication Backlog in the prison such side effect  
& Head Ache pain, ect.

INMATE NAME: Carlin - AlexPFN: APF-165DATE OF BIRTH: 8/16/71DEPUTY RECEIVING REQUEST: Saves #1778

DATE RECEIVED:

SEE BACK FOR RESPONSE

INMATE  
Cori

EXHIBIT B

EXHIBIT J.





04-41-05

## PHYSICIANS' ORDERS

NAME:

DIAGNOSIS (If Chg'd)

PFN:

LOCATION:

D.O.B. / /

ALLERGIES:

Use Last

Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME:

DIAGNOSIS (If Chg'd)

PFN:

LOCATION:

D.O.B. / /

ALLERGIES:

Use Fourth

Date / /

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hays, Dwayne

DIAGNOSIS (If Chg'd)

PFN: ARE 765

LOCATION: Hu1

D.O.B. 8 / 16 / 68

ALLERGIES: NKDA

EXHIBIT H.1

Use Third

Date 7 / 30 / 08

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Hays, Dwayne

DIAGNOSIS (If Chg'd) chronic pain management

PFN: ARE 765

LOCATION: Hu1

D.O.B. 8 / 16 / 68

ALLERGIES: NKDA

EXHIBIT H.1

Use Second

Date 7 / 25 / 08

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

04-41-05

5123100

IAYES, Dwayne

/16/68 B M

ARE 765

ALLERGIES: NKDA

DIAGNOSIS (If Chg'd) 7/23/08 1755 ABSTRACTED BY UN  
 CONTINUE ADD 30mg P.O. q1h x 90 days  
 continue Bnadyl 50mg P.O. q1h x 100 days  
 x 90 days

First

Date 7 / 23 / 08

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

EXHIBIT H.1 AND EXHIBIT H.1

Date/Time

Inmate's Name:

D.O.B.:

/ /

P-1 Per other eval. Pt. does not  
need continuous wheel chair. Uses/needs for  
long walks only. Info obtained re inmate  
has been witnessed doing burpees in cell.  
" wheel chair for long-distance only



EXHIBIT F.

EXHIBIT.E.

### DETAIL OFFICE SPECIAL REQUESTS

NAME: Harvey, J. Lee DATE: 7/1/08

PFN: 11001 LOCATION: 1100

DOB: 11/1/01

1. Move Patient's Location: \_\_\_\_\_

2. Lower Tier \_\_\_\_\_ Bottom Bunk \_\_\_\_\_

3. Linen change: Clothing \_\_\_\_\_ Bedding \_\_\_\_\_

4. Crutches \_\_\_\_\_ Cane \_\_\_\_\_

5. Other requests: \_\_\_\_\_

Beginning Date: 7/1/08 Ending Date: 7/1/08

V SEVILLA, LVN

Signature \_\_\_\_\_

EXHIBIT.E.



## PHYSICIANS' ORDERS

NAME: PFN: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd)     <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: PFN: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd)     <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Dwayne Hayes</i> PFN: <i>ARE 765</i> D.O.B. <i>8/16/68</i> ALLERGIES: <i>NK</i> Use Third Date <i>7/10/08</i>	DIAGNOSIS (If Chg'd) <i>Wheel chair for amb &amp; clinic only</i> <i>If previous wheel chair known</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Hayes, Dwayne</i> PFN: <i>ARE 765</i> D.O.B. <i>8/16/68</i> ALLERGIES: <i>NK</i> EXHIBIT.D. Use Second Date <i>7/7/08</i>	DIAGNOSIS (If Chg'd) <i>1) Roxitane 750 mg po bid x 10 days</i> <i>2) Vicodin II po bid x 10 days</i> <i>3) Feldene 20 mg po qday x 10 days</i> <i>4) Zolof 75 mg po bid</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED <i>Parecon</i>
75123100 HAYES, Dwayne 8/16/68 B M ALLERGIES: <i>NK</i> Use First Date <i>5/18/08</i>	DIAGNOSIS (If Chg'd) <i>Continue Abilify 30mg po qids x 90 days</i> <i>Continue Celexa 150mg po qam + 150mg po qids x 90 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

# Prison Health Services Medical Request Form

[Forma de la Petición de los Servicios Médicos]

- **Inmate – do not write in shaded area.** [El interno – no escribe en área sombreada.]
- **Place this form in the sick call box or give it to medical staff.** [Poner esta forma en la caja enferma de la llamada o darla al personal médico.]
- **If you do not complete all information, your appointment may be delayed.** [Si usted no termina toda la información, su cita puede ser retrasada.]
- **A copy will be given to you after the visit.** [Una copia le será dada después de la visita.]
- **You may be charged \$3.00 for each health care visit.** [Usted puede ser cargado \$3.00 para cada visita del cuidado médico.]

DATE [FECHA] 7/7/08	NAME [NOMBRE]: LAST [PASADO] FIRST [PRIMERO] MIDDLE [MEDIO] MAYOR, JUAN CARLOS	DOB [NACIMIENTO] 2/1/78	PFN [ID] 201-301
HOUSING LOCATION [LOCALIZACIÓN DE LA CUBIERTA] SRJ: UNIT [UNIDAD] 1 POD/CELL [CÉLULA] F11 GDDF: FLOOR [PISO] POD/CELL [CÉLULA]			
<b>CO-PAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF</b> 1. Patient not seen: <input checked="" type="checkbox"/> NIC <input type="checkbox"/> DUPLICATE <input type="checkbox"/> NO SHOW <input type="checkbox"/> REFUSED <input type="checkbox"/> OTA 2. Visit was for diagnosis or treatment of communicable disease condition. 3. Visit was for a follow-up requested by the clinician. 4. <input checked="" type="checkbox"/> Visit was NOT exempt from co-payment. Send ORIGINAL WHITE page to Accounting.			
CLINICIAN'S SIGNATURE		CLINICIAN'S NAME (Print/Stamp)	DATE 7/7/08
Inmate's Signature [Firma Del Interno]		Patient Refused to Sign <input type="checkbox"/>	Witness if Patient Refused to Sign

Date of Triage: 7/7/08	Signature and Print/Stamp
Disposition: <input type="checkbox"/> Sick Call <input type="checkbox"/> Specialty Clinic <input type="checkbox"/> Other	

<b>RELEASE OF RESPONSIBILITY [LANZAMIENTO DE LA RESPONSABILIDAD]</b> I am refusing sick call due to [Estoy rechazando la llamada enferma debido a]: Date [FECHA] Inmate's Signature [Firma Del Interno] Refused to Sign [Rechazado para Firmar] <input type="checkbox"/>		
CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	Witness if Patient Refused to Sign

**Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know.**  
 [Decimos abajo porqué usted desea ver a personal del cuidado médico. En el área abajo, anotar cualquier cosa que usted quisiera que el personal del cuidado médico supiera.]

July 5, 08 TO GET AROUND INMATE HAD TO SPRING OFF HIS GOOD LEFT LEG  
 HOWEVER: I HAD TO USE MY RIGHT DAMAGED LEG FOR SUPPORT WHEN I PUT WEIGHT  
 ON IT MY KNEE CAP WITH GUNSHOT WOUND RETURNED.

July 7, 08 I CAME OUT FOR POD I FELL IN SHOW SHOE BROKEN MY  
 FALL ON THE GROUND WITH RIGHT HAND HOCKEY LEFT HAND HAD A RAZOR  
 CUT THE INSIDE OF MY LEFT HAND.

I'm in much so much pain.

RE INJURE SHOULDER FROM THE FALL ON July 7, 2008

Signature of Patient [Firma de la Paciente] Date [Fecha] 7/7/2008

WHITE: Accounting

PINK: Health Services File

CANARY: Inmate/Patient

Revised 1/24/08

EXHIBIT C.



**INMATE GRIEVANCE RESPONSE**GRIEVANCE TRACKING NUMBER: **08G-S1083**INMATE: Hayes, Dwayne PFN: ARE765 HOUSING UNIT LOCATION: 1 F 06GRIEVANCE IS AFFIRMED:        DENIED: X WITHDRAWN:        RESOLVED:        REFERRED:       

If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):

These findings are based on a review of your grievance dated July 5, 2008.

In your grievance, you made the following claim(s):

1) The housing unit deputy took your wheelchair. You need your wheelchair because of your medical condition.

Response: The Grievance Unit presented your grievance to PHS (Prison Health Services). The following contains input from both PHS and the Grievance Unit.

1) The Grievance Unit found that the housing unit deputy took your wheelchair at the direction of Prison Health Services. PHS stated that the wheelchair is to be used for long ambulatory movement only. This portion of your grievance is **DENIED**.

COPY

Investigating Supervisor: M. Molloy, SergeantDate: 7/23/08Inmate's Signature: [Signature]Date: 7/24/08Do you wish to appeal this ruling? Yes X No        Refused to Answer       Date: 7/24/08Appeal Officer: [Signature] Recommendation: ConcureDate: 7/28/08

Reason for affirmation or denial: (If different from above)

Commanding Officer: J. FARRRecommendation: AGREEDate: 07/29/08ML52  
(Rev.01/01/05) kab

EXHIBIT B.

ENTERED AUG - 1 2008

**ALAMEDA COUNTY SHERIFF'S OFFICE****SANTA RITA JAIL**

# INMATE GRIEVANCE FORM

NAME:

PFN:

HOUSING UNIT:

DATE:

**NATURE OF GRIEVANCE:** ( Give specific details )

July 2nd - I've been looking for a book  
(which I have not found yet) on the subject of  
the history of the word "theology". I don't want  
one that is too general, but one that is too  
specific.

[illegible]

LAURENCE (1890-1960) was a prominent  
physicist and mathematician. He was  
born in 1890 and died in 1960. He was  
a member of the National Academy of Sciences.  
He was also a member of the American  
Academy of Arts and Sciences.

\*\*\* DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE:

\*\*\* DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

RECEIVED BY DEPUTY:

BADGE #: 1076

DATE: 5/10/58

[ ] RESOLVED – INMATE ACCEPTANCE: \_\_\_\_\_  
EXPLAIN RESOLUTION ON REVERSE SIDE.

[✓] CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT.

TRACKING NUMBER: 086-57083

COPIES: White - Staff use  
Yellow - Inmate Receipt Copy

EXHIBIT A.

ML-51 (rev 8/06)

DETAIL OFFICE SPECIAL REQUESTS

NAME: Hagen, Dwayne DATE: 8/9/07

PFN: MC 70T LOCATION: 1

DOB: 8/16/67

1. Move Patient's Location: \_\_\_\_\_

2. Lower Tier \_\_\_\_\_ Bottom Bunk \_\_\_\_\_

3. Linen change: Clothing \_\_\_\_\_ Bedding DE

4. Crutches \_\_\_\_\_ Cane W.C. or Kinner Span

5. Other requests: (Kinner & fan)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

EXHIBIT M.

Signature [Signature] Vpasy 05

ML-76 REV 9/06

**ALAMEDA COUNTY SHERIFF'S OFFICE**  
**DETENTIONS AND CORRECTIONS DIVISION**

SRJ UNIT # /

GDJ FLOOR#

POD/CELL #

25

RETURN TO INMATE

25

DATE: 8/5/2008

Time: 4:30 am To: Medical Authority Report made  
RETURN

( ) BOOKING ( ) COMMISSARY ( ) INMATE SERVICES ( ) CLASSIFICATION ( ) OTHER

**PRINT ONLY!!!**

**PRINT ONLY!!!**

**PRINT ONLY!!!**

PERSON TO CONTACT: Medical Advocates/Debra Wilson

PERSON TO CONTACT: Michael Armstrong MD  
I have for all respect for way to emphasize I'm an independent  
physical condition throughout mobility to get around wearing  
myself will can email, left ankle sprain I ask physician

ASSISTANT ME WITH A SHOE CHANGE FOR I CAN BE SURE  
TO THE GROUND IN SHOE "H" BRAND "M" THAT INSTANTLY, ~~FOR~~ I AM  
INFORMING THE DIST MEDICAL AUTHORITY TO HELP MY WIFE'S SILENCE

INMATE NAME: COHEN, ALAN PFN: AF-75 DATE OF BIRTH: 8/16/1958

DEPUTY RECEIVING REQUEST: M. N. ZILL #1863

DATE RECEIVED: 1/1

SEE BACK FOR RESPONSE

Exhibit. O.

ML-76 REV 9/06

**ALAMEDA COUNTY SHERIFF'S OFFICE**  
**DETENTIONS AND CORRECTIONS DIVISION**

**MESSAGE REQUEST**

DATE: July 14, 2008 Time 2:45 PM Building Deputy, Unit #1 RETURN TO INMATE  
GDS FLOOR# 1  
POD/CELL # F-46  
( ) BOOKING ( ) COMMISSARY ( ) INMATE SERVICES ( ) CLASSIFICATION ☒ OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PRINT ONLY!!!

PERSON TO CONTACT: Building Unit #1 Deputy

I AM TO NOTIFY THE BUILDING DEPUTY OF TO TAKE NOTICE  
OF A MEDICAL PROBLEM.

DICK, Tom

MY LEFT ANKLE HAS SWELL UP GREAT

PLEASE TAKE A FACILITY VISITOR OF MY ANKLE.

INMATE NAME: Walter Brown

INMATE PPN: ALL-765

DATE OF BIRTH: 8/16/70

DEPUTY RECEIVING REQUEST: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

07/14/08

SEE BACK FOR RESPONSE

Time 2:45 PM

M. N. BELL #1803

EXHIBIT 1803.



## ALAMEDA COUNTY SHERIFF'S OFFICE

DETENTIONS AND CORRECTIONS DIVISION

MESSAGE REQUESTDATE: July 15, 08SRJ UNIT # 1

GDJ FLOOR#

POD/CELL # F-#6

RETURN TO INMATE

( ) BOOKING ( ) COMMISSARY ( ) INMATE SERVICES ( ) CLASSIFICATION ☒ OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PRINT ONLY!!! 2 of 3 CONTPERSON TO CONTACT: Sgt M. Mallon

I AM EXHIBITING TODAY I WILL NOT WRITE NO MORE BREVETAGE UPON MEDICAL STAFF. MOREOVER: I CAME UPON YOUR NAME Sgt M. Mallon when I WAS SIGNING TIME EXTENSION TO INVESTIGATION TO MY SUPERVISOR SO I WRITE YOU WITH RESPECT TO FIND PERSONAL SIGNED OF COMMUNICATION BETWEEN ME & MEDICAL STAFF.

INMATE NAME: Walter Garcia <sup>AKA</sup> Walter Garcia DOB: 4/4/65 AKA- 765 DATE OF BIRTH: 8/16/70DEPUTY RECEIVING REQUEST: M. NEILL #1863 DATE RECEIVED: 

SEE BACK FOR RESPONSE

F. VILLALBA, N.

ALAMEDA COUNTY SHERIFF'S OFFICE  
DETENTIONS AND CORRECTIONS DIVISION

ML-76 REV 9/05

DATE: July 17, 2008

MESSAGE REQUEST

To, Medical Department #

SRJ UNIT # 1

GDJ FLOOR#

POD/CELL # F-42

RETURN TO INMATE

( ) BOOKING ( ) COMMISSARY ☒ INMATE SERVICES ( ) CLASSIFICATION ☒ OTHER

PRINT ONLY!!!

PRINT ONLY!!!

PRINT ONLY!!!

PERSON TO CONTACT: Medical Department

UNDENIABLE RESPECT TO THE MEDICAL DEPARTMENT AND FACILITIES  
ISSUE OF COMMUNICATION IS AND THE NATURE OF THE GRIEVANCE  
AUTHORITIES OF THE SHERIFF'S OFFICE PRECEDING. MOREOVER, MY MURDER  
AS COMMUNICATION TO VETS AND WITNESS IS ABOUT MY MEDICINE (IDENTITY)  
IF I AM DENIED COMMUNICATION WITH REGARDS TO MY SHOULDER INJURY  
KNOW INJURY, ANKLE INJURY, ETC. I RESPECTFULLY SUBMIT MY REQUEST.

INMATE NAME: Gregory Hayes PFN: AGE-765 DATE OF BIRTH: 8/16/70

DEPUTY RECEIVING REQUEST: J. Lucas DATE RECEIVED:

SEE BACK FOR RESPONSE

EXHIBIT I.

## CIVIL COVER SHEET

JS-44 (Rev. 1-16-08) (and rev 1-16-08)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO OF THE FORM.)

<b>I. (a) PLAINTIFFS</b> WAYNE GORDON AKA DWAYNE HAYES ARE-765	<b>DEFENDANTS</b> GREGORY J. AHERN AND D. KYES DR. MR. ORR, AND MR. VILA.
<b>(b) County of Residence of First Listed Plaintiff</b> ALAMEDA (EXCEPT IN U.S. PLAINTIFF CASES)	<b>County of Residence of First Listed Defendant</b> ALAMEDA (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.
<b>(c) Attorney's (Firm Name, Address, and Telephone Number)</b> PRO'SE 5325 BRADER BLVD. DUBLIN, CA. 94568	<b>Attorneys (If Known)</b> N/A

<b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)				
<input type="checkbox"/> 1 U.S. Government Plaintiff <input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	<table style="width: 100%;"> <tr> <th style="text-align: left;">Plaintiff</th> <th style="text-align: left;">Defendant</th> </tr> <tr> <td> <input checked="" type="checkbox"/> 1 Citizen of This State  <input type="checkbox"/> 2 Citizen of Another State  <input type="checkbox"/> 3 Citizen or Subject of a Foreign Country         </td> <td> <input type="checkbox"/> 1 Incorporated or Principal Place of Business in This State  <input type="checkbox"/> 2 Incorporated and Principal Place of Business in Another State  <input type="checkbox"/> 3 Foreign Nation         </td> </tr> </table>	Plaintiff	Defendant	<input checked="" type="checkbox"/> 1 Citizen of This State <input type="checkbox"/> 2 Citizen of Another State <input type="checkbox"/> 3 Citizen or Subject of a Foreign Country	<input type="checkbox"/> 1 Incorporated or Principal Place of Business in This State <input type="checkbox"/> 2 Incorporated and Principal Place of Business in Another State <input type="checkbox"/> 3 Foreign Nation
Plaintiff	Defendant				
<input checked="" type="checkbox"/> 1 Citizen of This State <input type="checkbox"/> 2 Citizen of Another State <input type="checkbox"/> 3 Citizen or Subject of a Foreign Country	<input type="checkbox"/> 1 Incorporated or Principal Place of Business in This State <input type="checkbox"/> 2 Incorporated and Principal Place of Business in Another State <input type="checkbox"/> 3 Foreign Nation				

<b>IV. NATURE OF SUIT</b> (Place an "X" in One Box Only)								
<b>CONTRACT</b> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>TORTS</b> <table style="width: 100%;"> <tr> <th style="text-align: left;">Personal Injury</th> <th style="text-align: left;">Personal Property</th> </tr> <tr> <td> <input type="checkbox"/> 310 Airplane  <input type="checkbox"/> 315 Airplane Product Liability  <input type="checkbox"/> 320 Assault, Label &amp; Slander  <input type="checkbox"/> 330 Federal Employers' Liability  <input type="checkbox"/> 340 Marine  <input type="checkbox"/> 345 Marine Product Liability  <input type="checkbox"/> 350 Motor Vehicle  <input type="checkbox"/> 355 Motor Vehicle Product Liability  <input type="checkbox"/> 360 Other Personal Injury         </td> <td> <input type="checkbox"/> 362 Personal Injury — Med. Malpractice  <input type="checkbox"/> 365 Personal Injury — Product Liability  <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability  <input type="checkbox"/> 370 Other Fraud  <input type="checkbox"/> 371 Truth in Lending  <input type="checkbox"/> 380 Other Personal Property Damage  <input type="checkbox"/> 385 Property Damage Product Liability         </td> </tr> </table>	Personal Injury	Personal Property	<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Label & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury — Med. Malpractice <input type="checkbox"/> 365 Personal Injury — Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<b>FORFEITURE/PENALTY</b> <input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<b>BANKRUPTCY</b> <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<b>OTHER STATUTES</b> <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
Personal Injury	Personal Property							
<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Label & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 362 Personal Injury — Med. Malpractice <input type="checkbox"/> 365 Personal Injury — Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability							
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input checked="" type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General Habeas Corpus <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))				
			<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609					

<b>V. ORIGIN</b> (Place an "X" in One Box Only) <input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened	Transferred from: <input type="checkbox"/> 5 another district (specify) <input type="checkbox"/> 6 Multidistrict Litigation	Appeal to District Judge from Magistrate Judgment <input type="checkbox"/> 7
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<b>VI. CAUSE OF ACTION</b>	Cite the U.S. Civil Statute under which you are filing. (Do not cite jurisdictional statutes unless diversity): 42 U.S.C.A. § 1983 Brief description of cause: "WAYNE DELIBERATE MALPRACTICE HEALTH CARE TREATMENT."
<b>VII. REQUESTED IN COMPLAINT:</b>	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ 95,000.00 CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>VIII. RELATED CASE(S) IF ANY</b>	PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE "NOTICE OF RELATED CASE".

<b>IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2) (PLACE AND "X" IN ONE BOX ONLY)</b> <input checked="" type="checkbox"/> SAN FRANCISCO/OAKLAND <input type="checkbox"/> SAN JOSE	DATE: AUG 11, 2008 SIGNATURE OF ATTORNEY OF RECORD: Wayne Gordon, PRO'SE AKA - Dwayne Hayes
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